



## Governor's Service Awards: Organization Nomination Form - Deadline: March 10, 2026

### 1. OVERVIEW

Use **[THIS LINK](#)** to review the Nomination Guidelines and ensure your nominee will qualify.

Only one nomination can be made through this form. To submit multiple nominations, open a new form using the link on the last page.

All information requested must be provided in order for the nomination form to be considered complete. Incomplete forms will not be considered.

Two letters of reference are required for each nomination. You have the option of pasting the letter text into this form or uploading the letter as a file. Regardless, the contact information for the person giving the reference must be provided.

Please note this form cannot be saved and edited/completed later. Be sure to have all your text and information prepared before you start.

Questions about the nomination process may be directed to **[service.commission@maine.gov](mailto:service.commission@maine.gov)**

\* 1. Please fill in YOUR (the nominator) information below:

Name:	<input type="text"/>
Organization:	<input type="text"/>
Physical Address:	<input type="text"/>
Postal Address:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

\* 2. What is your relationship to the nominee? (Supervisor, employer, neighbor, principal etc.)



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### 2. AWARD CATEGORY FOR ORGANIZATION NOMINATION

\* 1. For which ORGANIZATION award are you submitting a nomination?

- ☐ Outstanding Business Volunteer Program
- ☐ Outstanding Non-Profit Volunteer Program

SAMPLE



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### 3. NOMINEE INFO: Outstanding Business Volunteer Program OR Outstanding Non-Profit Volunteer Program

\* 1. Enter information for the lead contact person in the organization you are nominating.

<b>Contact Person:</b>	<input type="text"/>
<b>Organization:</b>	<input type="text"/>
<b>Physical Address:</b>	<input type="text"/>
<b>Postal Address 2:</b>	<input type="text"/>
<b>City/Town:</b>	<input type="text"/>
<b>State:</b>	<input type="text" value="-- select state --"/>
<b>ZIP/Postal Code:</b>	<input type="text"/>
<b>Contact Email Address:</b>	<input type="text"/>
<b>Contact Phone Number:</b>	<input type="text"/>

2. NON-PROFIT AWARD ONLY. Please enter the EIN number of the non-profit that you are nominating. We will verify non-profit status with Guide Star. This is required.

### 3. ALL AWARD NOMINEES

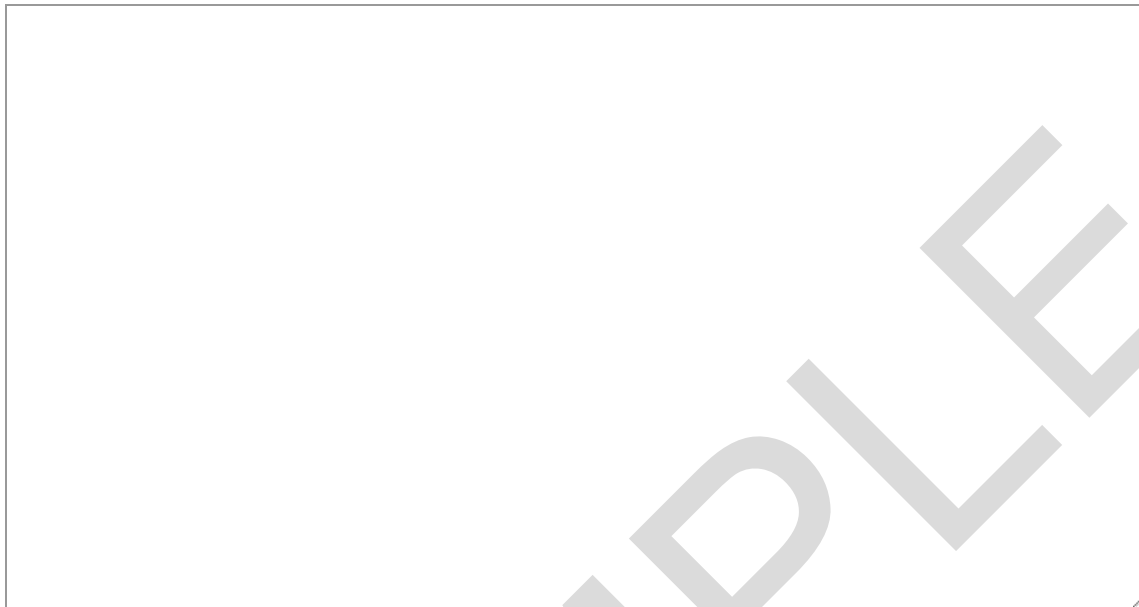
Approximate number of volunteers/employees in the program

Approximate annual total hours of service contributed by the program volunteers/employees

Approximate number of people benefiting from service of the volunteers/employees

4. Using the 2000 characters allowed, describe how the nominated employee or nonprofit volunteer program meets the criteria for the award. Be sure to address each point in the criteria. Include a brief description of the program, how it fits into the mission or purpose of the business or nonprofit, and notable accomplishments. No additional documentation or materials will be accepted.

To revisit the award criteria, use [THIS LINK](#).



5. Please provide contact information for individual submitting letter of testimony/reference. This individual may not be the Nominator.

**Contact Name:**

**Physical Address:**

**Postal Address 2:**

**City/Town:**

**State:**

**ZIP/Postal Code:**

**Email Address:**

**Phone Number:**

6. If you have a digital version of the person's letter, you may upload it here.

Allowed file types are PDF, DOC, or DOCX. The size limit is 1 MB.

Choose File

Choose File

No file chosen

7. If a letter is not uploaded, enter the text of the letter of testimony/reference for the Nominee from the person previously identified. Maximum length in the field is 2000 characters.

8. Please provide contact information for individual submitting second letter of testimony/reference. Must be other than Nominator.

Name:

Physical Address:

Postal Address 2:

City/Town:

State:

-- select state --

ZIP/Postal Code:

Email Address:

Phone Number:

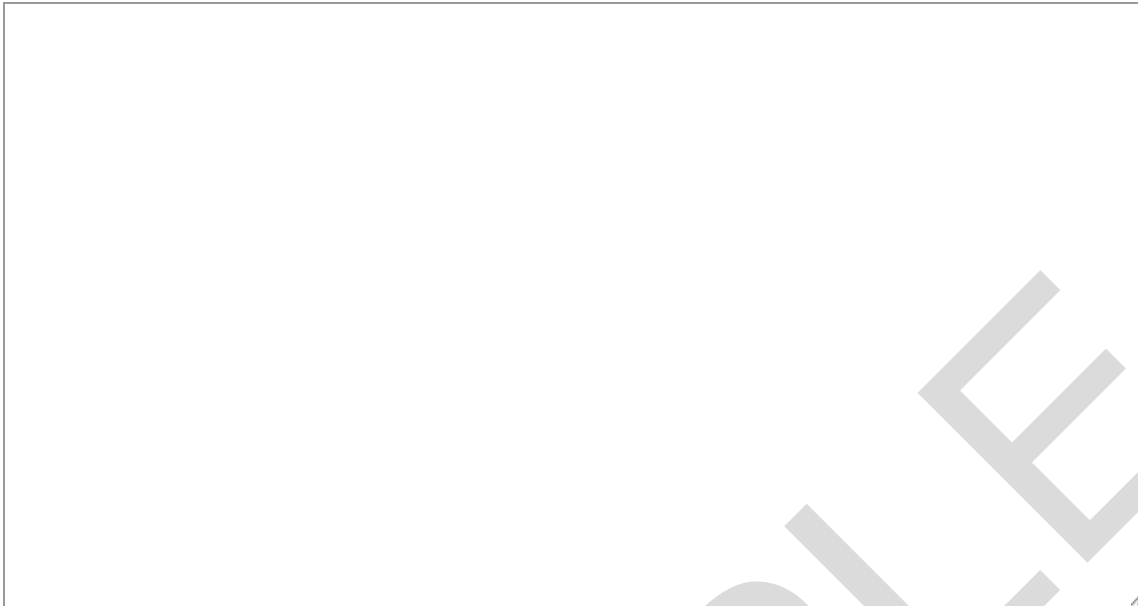
9. If you have a digital version of the person's letter, you may upload it here.  
Allowed file types are PDF, DOC, or DOCX. The size limit is 1 MB.

Choose File

Choose File

No file chosen

10. If a letter is not uploaded, enter the text of the second letter of testimony/reference for the Nominee from the person previously identified. Maximum length in the field is 2000 characters.

A large, empty rectangular text box with a thin black border, intended for entering the text of the second letter of testimony/reference. A large, light gray "SAMPLE" watermark is diagonally across the page, partially obscuring the box.

11. Name of local/regional newspaper

A small, empty rectangular text box with a thin black border, intended for entering the name of the local/regional newspaper. A large, light gray "SAMPLE" watermark is diagonally across the page, partially obscuring the box.



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### 4. NOMINEE INFO: Service Enterprise of the Year Award

**AWARD CRITERIA- Recognizes a Maine public or non-profit organization that transformed its culture and operation into a certified Service Enterprise and now strategically engages volunteers in leadership and other skilled volunteer roles so there is greater organizational efficiency and expanded ability to achieve the mission.**

1. Enter information for the lead contact person for the organization you are nominating.

<b>Contact Person:</b>	<input type="text"/>
<b>Organization/Agency :</b>	<input type="text"/>
<b>Physical Address:</b>	<input type="text"/>
<b>Postal Address 2:</b>	<input type="text"/>
<b>City/Town:</b>	<input type="text"/>
<b>State:</b>	-- select state -- <input type="button" value="v"/>
<b>ZIP/Postal Code:</b>	<input type="text"/>
<b>Email Address:</b>	<input type="text"/>
<b>Phone Number:</b>	<input type="text"/>

2. Please provide these key dates

Start date of Service Enterprise training

Date Service Enterprise certification awarded

3. Describe the changes in the culture and operation of the organization that resulted from becoming a Service Enterprise.

4. What new leadership and skilled roles are volunteers filling in the organization as a result of the Service Enterprise process? How does this increased human resource impact the organization's operation?

5. Describe how the organization qualifies as the Service Enterprise of the Year. What cultural, operational, or governance changes reflect genuine integration of Service Enterprise principles and practices.

6. Please supply this pre/post Service Enterprise data for the most recent year.

Pre-SE # of volunteers

Post-SE # of volunteers

Net change in # of volunteer hours devoted to organization operation. (Use + to indicate increase; - to indicate decrease)

Net change in the value of volunteer hours devoted to organization operation. (Use + to indicate increase; - to indicate decrease)

Net change in the units of service the organization is able to accomplish. (Use + to indicate increase; - to indicate decrease)



7. Please provide contact information for individual submitting first letter of testimony/reference. Must be other than Nominator.

**Name:**

**Address:**

**Address 2:**

**City/Town:**

**State:**

**ZIP/Postal Code:**

**Email Address:**

8. If you have a digital version of the person's letter, you may upload it here.

Allowed file types are PDF, DOC, or DOCX. The size limit is 1 MB.

Choose File

Choose File

No file chosen

9. If a letter is not uploaded, enter the text of the first letter of testimony/reference for the Nominee from the person previously identified. Maximum length in the field is 2000 characters.

10. Please provide contact information for individual submitting second letter of testimony/reference. Must be other than Nominator.

**Name:**

**Address:**

**Address 2:**

**City/Town:**

**State:**

**ZIP/Postal Code:**

**Email Address:**

11. If you have a digital version of the person's letter, you may upload it here.

Allowed file types are PDF, DOC, or DOCX. The size limit is 1 MB.

Choose File

Choose File

No file chosen

12. If a letter is not uploaded, enter the text of the second letter of testimony/reference for the Nominee from the person previously identified. Maximum length in the field is 2000 characters.

13. Name of local/regional newspaper



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### 5. Certification Page

1. Please type your name below certifying that all the information contained in the application is accurate and true to the best of your knowledge.

Please Note: Due to the volume of applications, incomplete nominations will not be accepted. Please be sure you have answered all questions required completely.

Nominations will only be accepted online and no other supporting documentation sent to us will be considered.

Name/Signature:

Date:

To enter another nomination in this category, use [THIS LINK](#) to open a new form.

For links to other nomination forms (organizations or rolls of honor), return to the website using [THIS LINK](#).